



Enrollment Form

The **FASTEST** and **EASIEST** ways to enroll in a health plan is on our website. Go to www.neheritagehealth.com.
Or, call 1-888-255-2605 (TTY/TDD call 711). We are open 7am-7pm Monday-Friday central time.
Please fill out every section on this form.

Head of Household Information

Head of Household (HOH) Name: _____ HOH Medicaid ID or PIN: _____

Address: _____ Phone #: _____

Member(s) First and Last Names	Date of Birth	Medicaid ID # (SSN or PIN)	Health Plan Selection Check the name of the health plan you wish to choose. Each person in your household can have a different plan.
			<input type="checkbox"/> Nebraska Total Care <input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska <input type="checkbox"/> WellCare of Nebraska
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I would like to choose the health plan(s) above. The information above is correct. I understand that I will need to contact the Heritage Health Enrollment Center if I wish to change health plans at a later date.

Head of Household Signature: _____ Date: _____

If you need more room to make a choice for additional members in your household: 1) Write the Head of Household Name and their Medicaid ID, Social Security Number, or PIN on the back 2) Write the name and date of birth for each member 3) Write the Medicaid ID, Social Security Number, or PIN for the member 4) Write the health plan choice for the member

Use the pre-paid envelope in this packet to mail this form to:

**Heritage Health Enrollment Center
9370 McKnight Road, Suite 300
Pittsburgh, PA 15237**

Return Address: Heritage Health 9370 McKnight Road Suite 300 Pittsburgh, PA 15237

Toll-free Helpline 1-888-255-2605 TTY/TDD users ONLY call 711 Call Center Hours: Monday-Friday 7am -7pm Central Time

www.neheritagehealth.com